CLAIMS ONLY

Application Number	Filing Date
09/811762	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 2-2-06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23		X				
24	X					
25		X				
26						
27	X					
28	1					
29		1				
30						
31	X					
32						
33		1				
34	X					
35		X				
36						
37	X					
38		X				
39	X					
40						
41	X					
42		X				
43	X					
44	1					
45		X				
46	1					
47	X					
48						
49						
50	X					
Total Indep						
Total Depend						
Total Claims						

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51	X					
52		X				
53	X					
54		X				
55	X					
56		X				
57	X					
58	1					
59		X				
60	1					
61	X					
62		X				
63	X					
64		X				
65	1					
66						
67						
68						
69						
70						
71						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep	8					
Total Depend	24					
Total Claims	32					